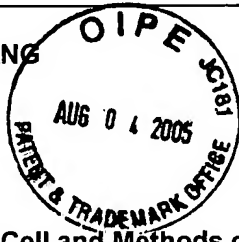


## TRANSMITTAL FORM

Attorney Docket No.

3064P

In re the application **CHANG**Confirmation No: **9099**Serial No: **10/800,257**Group Art Unit: **2822**Filed: **March 11, 2004**Examiner: **Rose, Kiesha L.**For: **3D Flash EEPROM Cell and Methods of Implementing the Same**

## ENCLOSURES (check all that apply)

<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input checked="" type="checkbox"/>	Response to Restriction Requirement	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	12	20	0	\$ 50.00	\$ 0.00
Independent Claims	1	3	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group)

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	August 2, 2005

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 2, 2005	
Type or printed name	Irena Nikolova
Signature	



Attorney Docket 3064P

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 2, 2005.

  
Irena Nikolova

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Date: August 2, 2005

CHANG

Confirmation: 9099

Serial No.: 10/800,257

Group Art Unit: 2822

Filed: March 11, 2004

Examiner: Rose, Kiesha L.

For: 3D FLASH EEPROM CELL AND METHODS OF IMPLEMENTING THE  
SAME

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESTRICTION RESPONSE**

Sir:

In response to the Office Action dated July 11, 2005, please enter the following remarks and amendments into the above-referenced application:

**REMARKS**

This is a Response to the Office Action dated July 11, 2005. Claims 1-18 are pending in the present application.

In the above-mentioned Office Action, the Examiner stated that claims 1-18 are subject to a restriction requirement under 35 U.S.C. § 121. In particular, the Examiner stated that: